

## EDITORIAL

# Bridging the gaps for health: The GAPFON report

Authors

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The first phase of the work of GAPFON—the Global Advisory Panel on the Future of Nursing—is complete and this is marked by an 80-page main report with appendices identifying and confirming global health and professional priorities, the GAPFON model reflecting these, and the strategies designed to meet them. GAPFON was an initiative of Sigma Theta Tau International, led by Hester Klopfer, formerly President of Sigma Theta Tau International and Martha Hill, Dean Emeritus of Johns Hopkins School of Nursing. The purpose of GAPFON (2017) is to: “establish a voice and vision for the future of midwifery that will advance global health while simultaneously strengthening professional roles” (p. 3).

Contextualising the work of GAPFON, the report laments how “inaudible” nurses and midwives’ opinions are, despite being the largest group of employees in the healthcare workforce. Often, we are disunited, and this raises problems for us in “positioning nurses and midwives as leaders in contributing to global health” (GAPFON, 2017, p. 8). After briefly describing the highly inclusive and representative GAPFON processes, the report gets to the Regional Results pages very quickly. As a framework to compare, contrast and present the results from the seven regions of the world the results were weighted to see how closely they aligned with global health issues under the five priorities of: non-communicable and chronic disease; mental health, communicable disease; disaster preparation; and mother and child health. In addition, GAPFON identified: ageing; health inequality; migration and refugees; HIV/AIDS; tuberculosis; new/emerging infections; and antibiotic resistance as “areas of concern”.

## DIVERSITY

It is important to note that, despite applying a framework to the analysis, that GAPFON assiduously avoided deriving a “one size fits all” model. From the above priorities and areas of concern, each region produced a list of the issues most important to the specific region. Professional issues were also addressed and, for some regions, the outcome was a prioritised list and others produced models to display the relationship between the various aspects of nursing that should be addressed. One thing is common to each of the seven regions: leadership. Either this was top of the list of priorities or central to the models. However, to move forward and to enable GAPFON—in the next phase of its work—to take some action which would help address some of the common global concerns in nursing, the “GAPFON Model” was produced with leadership at its core and each of: regulation; workforce; practice; education; and research, linked to it and to each other.

There follows a section of detailed priorities to be addressed under each area of the GAPFON Model and a final indication that the work of GAPFON now moves on to the implementation. The appendices are all very interesting and useful and Appendix D offers a “rogues gallery” from each

regional meeting with a comprehensive list of who was involved, their professional positions, qualifications and honours. GAPFON is unique, not only in its composition and modus operandi but also in the fact that it has achieved its initial aims and this is due to the superb leadership and excellent support from Sigma Theta Tau International, especially the driving-force that is Patricia E Thompson, outgoing Chief Executive Officer.

#### DECLARATION OF INTEREST

RW was a founding member of GAPFON and served from 2014 to 2016.

#### REFERENCES

Global Advisory Panel on the Future of Nursing & Midwifery. (2017). Bridging the gaps for health. Indianapolis: Sigma Theta Tau International